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Comments:

Atty Docket No: 51471-20004.00
Application Serial No.: 10/682,331
Filed: October 8, 2003
Inventors: David L. SHELTON *et al.*
Art Unit: 1647
Examiner: J. Lockard
Title: METHODS FOR TREATING POST-SURGICAL PAIN BY
ADMINISTERING A NERVE GROWTH FACTOR ANTAGONIST AND
COMPOSITIONS CONTAINING THE SAME

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

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PA-1153413

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PTO/SB/21 (08-08)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/682,331	
	Filing Date	October 8, 2003	
	First Named Inventor	David L. SHELTON	
	Art Unit	1647	
	Examiner Name	J. Lockard	
Total Number of Pages In This Submission	2	Attorney Docket Number	514712000400

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Catherine M. Polizzi</i>		
Printed name	Catherine M. Polizzi		
Date	May 8, 2007	Reg. No.	40,130

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140.

Dated: May 8, 2007

Signature: *Lindsay Seydel*

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PTO/SB/83 (01-08)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/682,331
	Filing Date	October 8, 2003
	First Named Inventor	David L. SHELTON
	Art Unit	1647
	Examiner Name	J. Lockard
	Attorney Docket Number	514712000400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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